APPLICATION DATA SHEET

Application Information

Application Type: Regular Subject Matter: Utility

Suggested Group Art Unit:

Title: MASSAGE HAND TOOL

Attorney Docket No.: 10597
Request for Early Publication: No
Request for Non-Publication: No
Suggested Drawing Figure: 1
Total Drawing Sheets: 12
Small Entity: Yes

Applicant Information

Applicant Authority Type: Inventor Primary Citizenship Country: U.S. Given Name: Brian Family Name: Dill

City of Residence: Port Orchard

State of Residence: WA Country of Residence: U.S.

Street Mailing Address: 10260 S.E. Cottonwood Drive

City Mailing Address: Port Orchard

State of Mailing Address: WA
Postal or Zip Code: 98366

Correspondence Information

Name: National IP Rights Center, LLC

Street Mailing Address: 550 Township Line Road, Suite 400

City Mailing Address: Blue Bell

State Mailing Address: PA
Postal or Zip Code: 19422

Telephone: (610) 680-2301 Facsimile: (610) 680-2319

Representative Information

Representative Designation: Primary Registration Number: 32,857

Name: Scott J. Fields